

REISSUE

Please type a plus sign (+) inside this box → ☒PTO/SB/50 (08-00)  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.	50277-1646
First Named Inventor	Gary Hallmark
Original Patent Number	5,857,180
Original Patent Issue Date (Month/Day/Year)	1/5/1999
Express Mail Label No.	EL652872248US

APPLICATION FOR REISSUE OF:  
(Check applicable box)

Utility Patent



Design Patent



Plant Patent

## APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/ SB/ 56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent  
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52) (unsigned)
6. Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☒ Written Consent of all Assignees (PTO/SB/53)  
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of  
Attorney (PTO/SB/96)

## ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to  
the claims. See 37 CFR 1.173 (c).
8. ☐ Original U.S. Patent for surrender  
☐ Ribbonded Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
10. ☒ Information Disclosure ☒ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
11. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 603)  
(Should be specifically itemized)
14. Other: .....

## 15. CORRESPONDENCE ADDRESS



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Correspondence address below

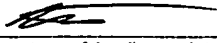
Name	Brian D. Hickman Hickman, Palermo, Truong & Becker LLP				
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NAME (Print/Type)	Brian D. Hickman	Registration No. (Attorney/Agent)	35,894
Signature		Date	Jan. 5, 2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 50277-1646		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 19	Total Claims (37 CFR 1.16(j))	(B) 19	**** 0 =	x \$ _____ =		or	x \$ 18 = \$ 0	
(C) 9	Independent claims (37 CFR 1.16(i))	(D) 1	* 0 =	x \$ _____ =			x \$ 80 = \$ 0	
Basic Fee (37 CFR 1.16(h))					\$710		\$710	
Total Filing Fee					\$	OR	\$710	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	*** 72	MINUS **	20	* = 52	x \$ _____ =		x \$ 18 = \$936	
Independent Claims (37 CFR 1.16(j))	*** 10	MINUS *****	9	= 1	x \$ _____ =		x \$ 80 = \$ 80	
Total Additional Fee					\$	OR	\$ 1,016	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>15-0635</u> in the amount of <u>\$1,726</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>15-0635</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>								
January 5, 2001				 Signature of Applicant, Attorney or Agent of Record				
Date				Brian D. Hickman Typed or printed name				

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